



**LIONS MULTIPLE DISTRICT 29  
WEST VIRGINIA  
VISION SCREENING  
REPORT**

**CLUB:** \_\_\_\_\_ **DATE OF SCREENING:** \_\_\_\_\_

**LOCATION OF SCREENING:** \_\_\_\_\_

**EVENT:** \_\_\_\_\_

**EQUIPMENT USED: CHECK ONE OR MORE OF THE FOLLOWING**

**KidSight Equipment: A. PlusOptix**

**Adult Equipment: B. Tonometer**

**C. Titimus Visual Acuity**

**RESULTS**

Age Group	Numbered Screened	Numbered Referred	Volunteer Hours	<i>Number of Lions X hours worked</i>
6 Mo. To 6 yrs.				
7 yrs. to 18 yrs.				
19 yrs. Plus				

**Lion Reporting:** \_\_\_\_\_

**Email or Telephone:** \_\_\_\_\_

**Mail or email form to:** Kim Ebert  
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